

Workers' Compensation

14-1609

FINDINGS AND DECISION

PART I: GENERAL

Requestor Name and

Edward F.
2436 I-35 E.
Denton, Texas

DR Tracking #: M4-06-4656-01



Injury

Employer

Insurance Carrier

Respondent Name and Box #:

AMERICAN HOME ASSURANCE CO
REP BOX #: 19

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestors' rationale for increased reimbursement states in part, "...this was paid using a CCN discount. In our Reconsideration, we sent to the carrier documentation from the CCN network stating that we were not members. The carrier ignored our request for reconsideration that was filed. We have a receipt showing where it was signed for on July 22, 2005...."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$139.36
3. CMS 1500s
4. EOBs

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

The Respondents' did not respond to the Request for Dispute Resolution (DWC-60).

Principle Documentation:

1. None

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount in Dispute	Amount Ordered
4/29/2005, 5/2/2005, 5/3/2005, 5/6/2005, 5/10/2005 & 5/12/2005	97032 (2 units) x 6 DOS \$15.20 x 125%=\$19.00 12 units x \$19.00 = \$228.00 (MAR) (carrier paid \$205.20)	1 thru	\$3.80 x 6 DOS = \$22.80	\$22.80
4/29/2005, 5/2/2005, 5/3/2005, 5/6/2005, 5/10/2005 & 5/12/2005	97035 (2 units) x 6 DOS \$11.70 x 125% = \$14.625 12 units x \$14.62 = \$175.50 (MAR) (carrier paid \$157.92)	1 thru 6, 8, 10 & 11	\$2.93 x 6 DOS = \$17.58	\$17.58
4/29/2005, 5/2/2005, 5/3/2005, 5/10/2005 & 5/12/2005	97110-59	1 thru 7 & 9	\$6.73	\$00.00
4/29/2005, 5/2/2005, 5/3/2005, 5/10/2005 & 5/12/2005	97113-59 (2 units) x 5 DOS \$30.44 x 125% = \$38.05 10 units x \$38.05 = \$380.50 (MAR) (carrier paid \$342.45)	1 thru 6, 8, 10 & 11	\$7.61 x 6 DOS = \$38.05	\$38.05
5/4/2005	99213	1 thru 6, 8, 10 & 11	\$6.19	\$6.19

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



5/10/2005	99214	1 thru 6, 8, 10 & 11	\$9.74	\$9.74
5/6/2005	97110-59	1 thru 7	\$6.73	\$6.73
5/12/2005	95851-59	1 thru 6, 8, 10 & 11	\$4.62	\$4.62
Total:			\$139.36	\$105.71

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective for professional medical services on or after August 1, 2003, set out the reimbursement guidelines.

1. The Medical Fee Dispute Resolution (MFDR) received the DWC-60 on March 2, 2006. The dates of service in dispute are 4/29/2005 thru 5/12/2005. Under 28 TAC Section 133.307 the dispute was submitted timely and eligible for review.
2. The MFDR placed a copy of the DWC-60 in the carrier representative box on 3/27/2006. Under 28 TAC Section 133.307 (d) (1), the carrier has 14 days to respond to a request for MFDR. As of June 30, 2008, the carrier has not responded to MFDR. Therefore, a decision will be issued with the information available at the time of the audit.
3. The Division has raised issues in order to administer the dispute process consistent with the provisions of the Labor Code and Division rules.
4. The services were reduced by the carrier with the following reason code(s):
 - 2-The charge for this procedure exceeds the fee schedule or usual and customary allowance. (Z560)
 - 3-This contracted provider or hospital has agreed to reduce this charge below fee schedule or usual and customary charges for your business (P303)
 - *-This bill was reviewed in accordance with you contract with CCN. For questions regarding the PPO portion of this analysis, please call the AIGCS PPO Provider Service line at 1800-227-5065..."
5. Review of the First Health letter dated January 25, 2005, states in part, "This letter is in regards to Dr. Ed Wolski. We deeply regret to announce that this provider was loaded into the First Health system under the work comp product in error. During his tenure with First Health there should not be any workers' compensation discounts taken from his claims. This information has been corrected in our system and should not be downloaded onto your payor tape. Please process/reprocess any work comp claims that you may have under this provider as out-of-network...."
6. The disputed services were rendered on 4/29/2005 thru 5/12/2005, the letter from First Health is dated January 25, 2005, which before the disputed charges. Therefore, the Requestor is entitled to reimbursement per the Medical Fee Guideline.
7. CCI edits were performed for dates of service 4/29/2005, 5/2/2005, 5/3/2005, 5/10/2005 and 5/12/2005:
 - The CPT code 97110 is a component procedure of the CPT code 97113. A modifier is allowed in order to differentiate between the services provided. Separate payment for the services billed may be considered justifiable if a modifier is used appropriately.
 - Modifier -59 is defined as "Distinct Procedural Service".
 - Neither the medical documentation nor the CMS-1500 document that CPT code 97110-59 is a distinct procedural service from 97113. Therefore, reimbursement is not recommended for 97110 for the dates of service noted above.
 - No edit conflicts were found for CPT codes 97032, 97035 and 97110-59 rendered on 5/6/2005, therefore additional reimbursement is recommended in the sum of \$13.46.
8. No further CCI edit conflicts were found for the remaining dates of service.
9. Review of the CMS-1500s for all disputed dates of service, revealed that CPT code 97110-59 and 97113-59 are pointing to the same diagnosis codes billed on that day. The documentation submitted does not document that a distinct procedure service was rendered on each day. Therefore, reimbursement cannot be recommended for CPT code 97110-59 for the following dates of service: 4/29/2005, 5/2/2005, 5/3/2005, 5/10/2005 and 5/12/2005.
10. Review of Box 32 of the CMS-1500 reflects zip code 76205 is located in Denton County. The maximum allowable reimbursement amount, under 28 TAC Section 134.202(b), is determined by locality.
11. The Requestor is therefore entitled to additional reimbursement in the sum of \$105.71.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section 413.011(a-d), Section 413.031 and Section 413.0311
28 Texas Administrative Code Section 134.1, Section 134.202, 133.307
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to additional reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$105.71 plus applicable accrued interest per Division Rule 134.803, due within 30 days of receipt of this Order.

ORDER:



Authorized Signature



Auditor III

July 2, 2008

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.



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